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ON THE PRACTICE OF HOMŒOPATHY.

Honesté stultum.

BY ROBERT DICK, M.D.

THE safety of Homœopathy lies in its mystery; otherwise it would be easy to demonstrate that its doctrine of *similia similia curant* is the most impudent mis-statement ever made. The homœopathist resembles a juggler, who (in his infinitesimal doses) always keeps out of sight, as it were, and then tells us that the air, fire and water, which, in *our* hands, have their known ordinary effects, produce, in *his*, results quite different, because manipulated, in a certain way, into infinitesimal dilution! Were there the *ordinary* measure of magnitude for the homœopathic dose, we could soon bring the theory to a conclusive test. We would say to the practitioner of this school—"If one globule from this bottle produces symptoms analogous to inflammation, then surely five, ten, twenty, or one hundred globules, will produce these symptoms in an aggravated degree. Give me, therefore, one hundred globules, or, if they are *bona fide* infinitesimal, give me 1000, or 10,000; I am ready to stand the risk of the inflammation." This, I have been informed, was the proposal which the late Mr. Liston made. He offered to swallow, at one dose, the whole pocket dispensary of a homœopathist; but he was told, I believe, that the experiment, even if made, would not be conclusive, because, by medicines taken in large or allopathic doses, the peculiar homœopathic effects of small doses are not developed (an apparent very obvious truism); and secondly, because it is necessary that a person should be suffering from a disease similar to that which the medicine causes, before the peculiar effects of that medicine can be illustrated. What a jumble this of inconsequence, contradiction and assumption. By what means does the homœopathist obtain his knowledge of the effects of medicines but by experiments on persons in health; else, how would he know that the effects of any particular substance are similar to disease; since the experiment, if made *during* disease, would leave it vague whether the morbid effects were due to the drug or the disease. Then, unless the modes of computation or measurement in regard to homœopathic medicines are opposed to all others, and are of a nature mysterious and miraculous, it follows, that if one, two or three globules

of a given substance cause symptoms resembling inflammation, fifty or one hundred globules of the same substance will excite these symptoms in a higher degree. Then give us that dose. The writer offers, either in health or when he chances to suffer from sickness, or in any other circumstances, to take a thousand doses at once of any substance whatever of the ordinary infinitesimal dilutions. He stipulates only to have two allopathic practitioners to superintend the effect, in order that they may prove, as he doubts not they will easily do, that any phenomena (favorable or the reverse) which may follow, are explicable on grounds altogether distinct from the infinitesimal dose; unless, indeed, this is taken in so large a quantity as to act on ordinary allopathic principles; which, however, of medicines infinitesimally diluted, *many* thousand doses ought not to do. We repeat our offer. We invite homœopathists, by any infinitesimal use of their medicines that pleases them, to *get up* in us a pleurisy, pneumonia, peritonitis or fever. For the interests of art and knowledge, and for the sake of testing the efficacy of infinitesimal doses, we are willing to incur the risk. But candor compels us, at the same time, to avow that we consider we make the offer with the most perfect safety!

Here, then, is a remarkable difference between the two systems. The allopathist at will, and irrespective of the volition of the patient, can by his doses, purge, or cause to vomit, or to perspire, or to void urine in large quantities—can, in short, act, at his pleasure, on important organs and functions—the bowels, stomach, skin, kidney, &c. We can stimulate by quinine, or depress by antimony. But the writer, and those who think with him, *absolutely defy homœopathists*, when using only *bona fide* infinitesimal doses, to produce the smallest effect on them, either in health or disease. In other words, we assert that the action of infinitesimal doses is *purely imaginary*, and is all explicable on the ground of influencing the imagination of persons, who are predisposed by faith in the system, and whose cases do not require more active treatment. Can we possibly offer a fairer issue than this?

Yet absurd as the infinitesimal doctrine is, to it (we verily believe) homœopathy chiefly owes what popularity it enjoys. Did this system not differ from the Hippocratic in the marvellous minuteness of its doses, but merely in the principle on which medicines are administered, it would probably never have obtained any or much attention; for the curiosity of the public, more especially the morbid curiosity of hypochondriac men and nervous women, would not have been stimulated. Whether the black draught he was about to swallow was to act on homœopathic or allopathic principles, a patient would not have cared one straw about; but when he is not only spared the black draught, but required merely to swallow a powder smaller than the smallest pinch of snuff, or to take a teaspoonful of limpid, tasteless and colorless water—when, moreover, he is told that in these he imbibes only a decillionth part of the active agent, his palate and his faculty of wonder are conjointly interested in the miraculous circumstance! I need not add what every man knows, that, besides men like Lords Essex and Robert Grosvenor, there are multitudes of women (more excusable, indeed) who prefer, whatever taxes their faith, stimulates their imagination,

excites but never satisfies their curiosity, and exceeds their comprehension, to aught their minds could fathom !

We ought not, however, to quit the subject of infinitesimal doses without urging a suggestion on all our allopathic brethren. It is known that two or three years ago, one of the most notorious of the metropolitan homœopathic practitioners was detected in administering to a delicate female patient, as *infinitesimal medicine*, a dose of the chloride of mercury, such as few allopathists would in the same circumstances order. We apprehend that this mendacious method is far from rare. It were easy for an homœopathist to administer an allopathic dose of arsenic, corrosive sublimate, strychnine, aconitine, morphine, and other powerful medicines, as an infinitesimal one. And this, as we have just said, we doubt not is often done. We therefore recommend our brother practitioners to embrace any opportunities, consistent with gentlemanly dealing, of obtaining specimens of homœopathic medicines, from friends or patients who have been under that treatment, and to analyze the same. We suspect that some curious disclosures will be the result.

Our total scepticism, as to any effect whatever from infinitesimal doses, necessarily obliges us to the belief, that in *every* case in which any benefit *does* result from a medicine ostensibly infinitesimal, a deception is practised ; the dose not being, in diminutiveness, what it is professed to be. And hence will arise a difficulty to allopathists in practically confuting the system of their opponents, by pointing to its inefficiency ; since the treatment of the latter will be, and we doubt not in many cases now is, allopathic, under the colors of homœopathy !

We do not hesitate to avow, that we consider as the most noble as well as most perfect and safe of all cures, to be that which is effected by natural means only, by an enlightened and masterly application of physiology ; and we even think it might be, with less sophistry and paradox than is employed on many occasions, maintained, that the means just referred to are the only ones for which we have clear, express, direct and indisputable warrant. The line of argument, however, necessary to establish even the probability of this, would be much too transcendental for the pages of a practical medical journal. Besides, a contrary view might be also plausibly maintained, and on another tack of reasoning from the transcendental one just adverted to, the use of medicine might be shown to be the result of a sort of secondary instinct. These are grand and exciting inquiries, for the management of which the time we live in is not prepared. With all our vanity and imagined progress, we are a gross age. The finest departments of knowledge and social humanity are neither understood nor regarded by us, or are named only to be derided and execrated. But, returning from this digression, and leaving open the questions above referred to, we shall simply remark that, whether rightly or not, the use of medicine is likely to be long a habit of the race. And of the two medical sects discoursed of in this paper, homœopathists and allopathists, we are well convinced that the latter will survive, will regain all the advantages it may lose, and will number the apparently most brilliant cures. The tables will be again turned.

In order to prove this, let us for a moment imagine that homœopathy, with its inert and slow treatment, was universally established, and that the very name and memory of allopathy had died out of the world. Let us next imagine that amid this state of things an allopathist appeared, armed with opium, mercury, antimony, nitrate of potass, &c., and administering them in *allopathic* doses: giving this man, who had been for weeks sleepless, a night of profound repose, by a single pill (opium); sending, by the use of a single small powder (calomel), that other man, who had been all his life constipated, to his water-closet, in a state of unprecedented alvine urgency and excitement; by a powder, equally minute (tartrate of antimony), producing a vomitive cataract from the stomach of that child, who had over-eaten itself with acerb plums, and ached in its small abdomen; causing a fourth person (a dysuric patient), by a powder not large (nitrate of potass), to charge his chamber utensil with a more brimming supply than the joyful man had ever impinged into it before! Why, the whole world would go mad about this allopathist! He would be called a miracle-worker. Man and woman would flock all wildly after him. The tail of his coat, if coats should then be worn, would be kissed by beseeching and by thankful lips. Homœopathy would be forgotten, or laughed at as the wretched dawdling of old women; and nothing would be talked or thought of but the apparition of this wonderful new medical demi-god!—*London Lancet*.

CASE OF STRICTURE OF THE CERVIX UTERI.

BY S. W. HARRIS, M.D., SAVANNAH, GEO.

On the 6th of December last, I was requested to attend Mrs. M., in labor with her first child. The expulsion of the child was accomplished in about eighteen hours from the first symptoms of labor, without any other accident than some little rigidity of the os uteri (which a moderate venesection readily overcame), and, subsequently, some inertia of the uterus, for which I successfully prescribed 5 ss. secal. cornut. In short, it was one of those labors so often seen in primiparæ—more tedious than difficult.

In respect to the parts concerned in parturition, Mrs. M. was one of the most finely-formed women I have ever seen; was industrious in her habits; and, up to the time of her labor, had enjoyed the most robust health. I was consequently unprepared for a serious accident; but upon examination, post-partum, I discovered a stricture in the uterus, beyond which the placenta was detained. My first impressions were, that the previous rigidity of the os uteri had returned; and repeated attempts at manual dilatation were made; but the stricture remained impassable—refusing to admit a single finger. Copious venesection was then employed, and my efforts at dilatation were then renewed, and continued until 11 or 12 o'clock at night (a period of some eight or nine hours). But all proved fruitless. Being much exhausted by long watching, and observing no disposition to vascular or nervous excitement, and finding the body of

the uterus firmly contracted upon the placenta, I contented myself with ordering a scruple of ergot every two hours, and retired for the night—hoping that uterine contraction might thus be equalized, and the mass expelled before morning.

At 7 o'clock the next morning, finding my patient *in statu quo*. I desired counsel, and Dr. R. was called in. In consultation, it was decided to continue the ergot every fifteen minutes, to apply a blister to the sacrum, and anoint the os uteri freely with ext. belladonna—it being impossible to accomplish anything by manual or instrumental operations. Up to this time there had been no constitutional disturbance, and little or no discharge from the uterus; but, some two or three hours later, the effects of the belladonna were exhibited in the dilated pupil, delirium, and increased frequency of the pulse; and upon examination, per vaginam, the os uteri was found wide open and pendulous: but, in the cervix, the same impassable stricture presented itself. It was not until now that the real condition of things was satisfactorily ascertained; and I am still in doubt whether the stricture originally occupied the os uteri, and subsequently ascended by a vermicular contraction, or whether its exact location was obscured by the tumidity of the parts. I incline, however, to the former of these opinions.

In the course of the afternoon, fetid discharges made their appearance, and fever set in. She was again bled, as freely as was allowable, and the chlorides used by injection. Some few pains were produced by the ergot (which I knew to be good), but they were soon submerged in the more acute pain of uterine inflammation, which had now fairly set in.

The stricture remained rigidly closed; the abdomen became tympanitic and excessively tender; some six or eight drachms of ergot had been taken, without effect; and it was determined that the best, and, in fact, the only philosophical treatment, for the future, would be to combat the inflammatory action, and trust to the coming away of the placenta by the spontaneous action of the uterus; or, failing in this, to endeavor to sustain the patient through its escape, even *per stillicidium*.

The friends of the patient desiring further counsel, Dr. A. was called in, and concurred in this opinion. Venesection was again employed, but moderately and with caution; blisters to the abdomen and thighs were applied; and alterative doses of calomel and opium given. The abdomen, however, became more tympanitic; the pulse small and thready; delirium came on; and, the next evening, she sank and died.

Autopsy, twelve Hours after Death.—Upon opening the cavity of the abdomen, a large quantity of gas escaped; but, contrary to expectation, there were but few traces of peritoneal inflammation. The uterus was found rising above the pubis, quite black and gangrenous in the body and fundus, but shading off into a pinkish hue as it approached the os and cervix, and upon the broad ligaments and Fallopian tubes. The ovaria were not sensibly affected. Upon cutting into the cavity of the uterus, the placenta was found in a state of complete putridity, and entirely filling the cavity down to the stricture in the cervix; and, upon examination, presented numerous calcareous concretions upon its uterine surface and in its internal structure.

The stricture was very dense, firm and close, and would not have more than admitted a large-sized bougie. The remaining viscera of the abdomen presented but few traces of inflammation; and it was made quite evident that death had been produced solely by gangrene of the uterus, engendered by putrefaction of the placenta.

Observations.—The above is one of those melancholy cases in which the skill and ingenuity of the accoucheur are taxed to the utmost without avail. It is possible that galvanism may have effected something; but the necessary apparatus could not be conveniently had at the time, and it was not, therefore, tried. I would suggest, however, that, in case of failure, the irritating effects of the fluid upon the already-excited tissues might prove positively injurious. I have known acute inflammation set up, in a disabled joint, in process of recovery, by the application of electricity. On the other hand, it may be considered that, in a case like the above, the practitioner has "everything to gain and nothing to lose." Still, it should be recollected that, in cases of retained placenta, the organism often refuses to be contaminated by the putridity, or is supported through it; and the mass is ultimately expelled spontaneously, or comes away piece-meal. Some four or five years ago, I saw, in the practice of another physician, a case of hour-glass contraction of the uterus, where the stricture embraced the neck of the dead fœtus, and held it in durance for five days—refusing, obstinately, to yield to the traction of instruments, or respond to the stimulus of ergot or any other uterine excitant; but, finally, without any assignable cause, expelled the whole of its contents (in a state of putrefaction) at a single pain; and the woman did well. The nature of the accident, too, it appears to me, is not such as would precisely indicate the application of electricity. Nor am I quite satisfied as to the propriety of using ergot. The affection is a tonic spasm of the cervical fibres—its pathology consisting, undoubtedly, in irritation at the roots of the particular nerves there distributed—and might, so far as medicinal agents are concerned, be more properly treated with counter-irritation to the spinal column, by strychnine, cannabis Indica, &c. These, however, are mere suggestions, originating in subsequent reflection, and upon which I am unable to place the weight of experimental success, but which may, nevertheless, be of future value.

In reference to the placenta-hook or crotchet of Dewees, it is not believed to be available in such cases. Presuming that its introduction could be effected—which is problematical enough—the structure of this body is not sufficiently firm to sustain the necessary traction without laceration; besides, injury might be done to the uterus by the slipping of the instrument. The treatment, then, of uterine stricture being still imperfect, I will venture to propose an instrument which is believed theoretically to fulfil the indication—its practical utility remaining to be tested. For the principle upon which it operates, I am indebted to Dr. C. P. Richardson, who suggested the ordinary glove-stretcher (to be seen in the dry-goods stores) as an illustration. A better conception of the instrument I have in view may probably be given to obstetricians by referring them to the tri-valve speculum (manufactured by Tiemann, of New York) as its foreshadowing, so to speak. The central shaft, for

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facilitating the introduction of the speculum, would, of course, disappear, and be re-placed by solidity in the blades, each of which should represent the longitudinal third of a long narrow cone, highly polished and rounded at the apex. The three blades, closed in this form, could thus be made to penetrate the stricture, and, by an arrangement similar to that of the speculum, their expansion could be effected. It would be necessary, in the instrument I have in view, that the leverage should be much greater than in the speculum, and that the screw regulating the expansion of the blades should work with the least possible friction, besides affording sufficient purchase for the exertion of all necessary power.

The advantages of an instrument of three blades over one of two are these:—1. The greater diffusion of the pressure upon the stricture. 2. The dilatation being triangular instead of oblong.

The operation would be as follows:—The blades, being closed and well oiled, should be passed through the stricture, either with or without the use of a speculum, and, when introduced, expanded by means of the screw. By proceeding gradually and gently, it is probable that the spasm will be ultimately fatigued into relaxation, and the end accomplished.—*Charleston Medical Journal.*

NEW PREPARATIONS OF VALERIAN.

BY A. K. GARDNER, M.D., NEW YORK.

IN regard to no part of the science of medicine, are the opinions of practitioners so diverse, as on the value which they assign to the various agents employed in the cure of the diseases of mankind. Much unjust opprobrium has fallen upon the profession on this account; and the oft-quoted remark, that "doctors differ," comes from those who, because different remedial agents are employed by different persons, erroneously suppose that the two have a different view of the disease. They cannot see, that to arrive at the same place, one traveller may choose a horse and another a mule, and yet each follow the same route. Sometimes, indeed, a different theory may cause a different treatment. One may consider erysipelas as a disease of plethora, and may use the lancet, and depletions; another, considering the disease produced by debility, will give quinine and stimulants.

But the object of this paper is to say a few words in regard to the *Radix Valerianæ*. This plant is indigenous to Europe, where it is found growing abundantly in the damp woods and meadows, as well as upon the dry and more elevated grounds. But though it is found growing naturally all over the Continent, it does not seem to arrive to such perfection as in England. And it is from thence, that our supply is principally obtained. Holland produces a little, which is occasionally seen in our market. There is, however, a very marked difference in the appearance of the roots of these two varieties. The Dutch is much smaller, shrivelled and stunted in its appearance; of a much darker color, and possessing far less of the peculiar smell which characterizes this plant,

It has always been considered as possessing less virtues than the English.

Within a very short time—possibly three years—a very limited supply of still a third variety, has been offered in our markets. This may be called the American. Valerian is not a native of this country, as has been stated. Its presence, therefore, deserves some explanation. Some years ago, Messrs. Brinley & Co., of Boston, imported some of the living root from England, and placed it in the hands of the Shakers at Enfield, New Hampshire. It is from this germ that the American valerian of our market is produced. Whether from the favorable character of the soil and the climate of this country, or from the care bestowed upon it, by the skilful farmers and agriculturists of this fraternity, I know not, but from either or both, has sprung up valerian far superior in its appearance to the best produced in England. Perhaps the *Valeriana Officinalis* is not cultivated in England, and that the difference in its appearance may have arisen solely from the care which has been bestowed upon it. The most careless glance at the two varieties, shows a marked difference, and in favor of the American. The root is clearer, of a more yellow or brown color; the cylindrical fibres are longer, larger in circumference, and freer from knots, and presents none of the knobby, gnarled appearance which characterizes the Dutch, and is more or less observant in the English specimens. In addition to this, the aroma is far more fresh, freer from any musty additions, and in strength is allowed to be certainly as strong, if not superior to the English. So much for the sensible qualities of the American article.

In regard to the medical properties, the superiority which it is shown to possess over the English, is not more apparent than will be seen on comparing their intrinsic virtues.

Valerian is characterized as a mild stimulant, with especial direction to the nervous system, but without narcotic effect. Various diseases have been supposed to have been benefited by this root, but its use has lately been limited to spasmodic and nervous complaints. It has been administered in powder, but used in that form it has irritated the alimentary canal. Given in infusion, a large proportion of its virtues, which consist in a volatile oil, escape. The most common form is the tincture. This preparation has been found of most uncertain value, partly from the depreciation of the root while drying—from the injury it receives in exportation, but more from the fact that the alcohol extracts other qualities, which not only render the extract less efficient, but also produces nausea and gastric derangement. To obviate all these objections, the Messrs. Brinley have made a fluid extract from the green root, before any part of its virtues have been evaporated, and have thus been enabled to present to the profession a most valuable medicine, possessing all the virtues of all heretofore-made preparations, in an increased degree, without the qualities which detract from the value of the powder and the tincture. Having used the preparation quite extensively for hysteria, nervousness resulting from masturbation, delirium tremens, &c. (were it necessary I could give numerous cases), I am prepared to express my firm belief in its superiority to any form of valerian which has been before presented to

the community. In this opinion I am supported by the profession generally in New England, where this preparation is in daily use, and by some of the most eminent of the physicians of this city.

The following is from A. A. Hayes, the State Assayer, which gives the analysis of its ingredients. Some recommendations follow, from various distinguished professors in New England.

"Oil of Valerian, as furnished by Elder Parker. May 6th, 1849. Lowell.—This oil, of a light yellow color, contains valerianic acid, a neutral body, besides the volatile oil of valerian. After exposure to air and moisture, an interchange of the elements takes place, a crystalline body appears, while the quantity of valerianic acid is increased.

"The crystalline body appears, by the analysis of Adolph Schliesser, Esq., to be new. In its general character it resembles camphor, but differs from Borneol and Valerol, in chemical properties. Purified by solution in alcohol, and precipitated by water, it presents delicate prismatic crystals of a snowy whiteness. While cold they are nearly odorless, with a slight aromatic, very bitter taste. This substance is volatile, and when heated has the odor of valerian oil. It melts into a perfect fluid, which becomes a crystallized mass on cooling.

"The specific gravity of well-formed prismatic crystals is at 60 F. 1033 to 1055, while the solid crystalline masses are suspended in a fluid of Sp. Gr. of 1076. Slowly heated, fusion takes place at 198 4-10° F., to 197 7-10° F.; the transparent fluid remains, when cooled, to 195° F., but as it passes to the solid form, the thermometer marks 196 to 197 F. Below 180° the vapor rises rapidly, and condenses in frost-like, delicate, needly prisms of extreme purity. It is probable that the neutral body referred to above, is connected with the production of this new camphor, but as yet experiments are wanting. Mr. Schliesser prefers to get more complete determinations, before he gives the results of the ultimate analysis he has made.

"The oil as obtained, contains all the medicinal constituents of the root, and in practice has been found to be identical with some fine samples of French manufacture. Indeed, the use of the natural fresh root for its production, insures a very perfect product, while the process is the result of the labors of all the eminent chemists who have studied the product of valerian to the present time."

Prof. Phelps, of Dartmouth College, speaking very highly of its efficacy, says:—"In your method of preparation, the active principle is detached from the nauseating constituents of the root, and obtained in solution. We may look upon the Fluid Extract, as a solution of valerianic acid." Prof. Cleaveland, of Brunswick College, says:—"It contains the active, medicinal principle of valerian in a purer, more simple and concentrated state than any other preparation of the root with which I am acquainted." Dr. Stedman, of the City Institution, Boston, says:—"In many cases where opium is inadmissible as a narcotic, anodyne, or antispasmodic, this Extract of Valerian seems to answer the indication quite perfectly." Professors Mott and Parker, of this city, have also expressed their good opinion of this preparation. It is confessedly a simple extract, made by boiling the fresh root in pure water, with the

addition of a little alcohol as a preservaat. From the trial which I have given it, I am convinced that it will be found to supersede the use of assafœtida, musk, camphor, castor, &c., in a great degree. In the majority of cases I have found that from twenty drops to a teaspoonful, is an ordinary dose, repeated as often as every half hour if necessary. In delirium tremens much more can be advantageously administered.—*New York Journal of Medicine.*

ORBITAL TUMOR.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In the last number of your valuable Journal, I observe that you mention a case of protuberance of the eyes, from supposed orbital tumors. The case is reported by your correspondent as occurring in the St. George's Hospital, London. The graphic description there given of this case will apply equally well to one which I saw and operated upon last month, in the western part of New York State.

The interesting patient is a daughter of a distinguished member of Congress, and is only 15 years of age. The protuberance of this, the *left* eye, began about four years ago, without pain or any other uneasiness. When I saw her at Geneva—where I lecture on surgery—I found the eye almost out on the cheek; the lids would not cover it, though otherwise it looked normal. The motions of the ball corresponded but feebly with the other eye; vision was entirely gone, and the iris did not respond to light. The general appearance of the eye, was that of health; the fluids were clear, and the tissues appeared normal. The lids had begun to be irritated by the abnormal stretching over the ball.

After a consultation, it was decided, inasmuch as full trial had been made of all the ordinary medical means, by some of the most distinguished physicians of the city of New York and elsewhere, that an operation should be performed. Accordingly, on the 20th of May, in the presence and with the assistance of Prof. C. A. Lee, Dr. Coventry, and Dr. ———, with two pupils of the College, I performed the operation of extirpating the eye. We administered chloroform and ether, until the patient was entirely insensible and quite unconscious of the operation. We found that the optic nerve had disappeared to a mere shred, that the muscles of the eye had also been nearly absorbed, while the ball rested upon some tumor which filled completely the orbital cavity. This tumor, after carefully dissecting around it, was extirpated, and found to have no very important points of adhesion; it was precisely the shape of the orbit, and filled it entirely. On examination, it appeared to be composed simply of adipose tissue; some little hardening of which was, however, observed near the anterior and internal portion. The hemorrhage, after and during the operation, was very considerable, but was effectually controlled by filling the orbit with a piece of sponge, and keeping up a continued pressure, first by the fingers, then by a bandage placed around the head. The patient bore the effects of the operation

very well, her system having, by the following morning, rallied, and completely re-acted. Three days afterwards, on removing the sponge from the orbit, the latter was found filled with coagulated blood, from which a small quantity of watery sanies oozed. The parts were dressed with simple cold water dressings, and the patient directed, under the supervision of Dr. Coventry, to take small doses of morphia, in case any considerable restlessness occurred.

Since the operation, I have repeatedly heard from the patient, and understand she is doing *very well*.

From the following remarks by Dr. Lawrence, under the head of "Tumors in the Orbit," as well as from the character of the tumor itself, I am led to anticipate a favorable result in this case. "The cellular texture in the orbit, like that in other parts, may become the seat of various adventitious growths, called tumors; these may be sarcomatous, steatomatous, or encysted, the latter being met with much more frequently than the two former kinds. Sometimes, but rarely, tumors in the orbit have been of malignant character." * * * * "When the existence of a tumor in the orbit has been ascertained, the most advisable course, indeed the most effectual means of removing the complaint, in the great majority of instances, is that of extirpation by a surgical operation. The sooner this is accomplished the better."

The mode of operating, for tumors in the orbit, must of course be varied according to circumstances; the plan adopted in the above case was as follows. With a curved, sharp-pointed bistoury, the external angle of the eyelids was divided, to the extent of about three quarters of an inch or an inch—the point of the knife having been introduced at the angle, on the internal surface, and brought out beyond the external canthus, through the integuments, and the intervening tissues divided by pressing the knife outwards. Blood flowed freely from a small vessel, which required considerable attention before we could proceed with the operation. The lids were then separated, and the upper one sustained firmly by means of a ligature passed through it with a needle. The membrana conjunctiva was then carefully divided, between the ball and the upper eyelid, with a scalpel. On introducing the point of a finger into the incision, the ball of the eye was found to rest upon a tumor which filled the orbit, the muscles and optic nerve having wasted to mere shreds. The conjunctiva was now divided between the ball and the under lid, and the remaining attachments of the eye separated and the eye removed. A curved needle, armed with a strong double ligature, was then passed through the anterior portion of the tumor transversely. Sustaining the tumor with the left hand, by means of the ligature, it was carefully separated from the orbit, in every direction down to the point, with the knife above mentioned. The cavity of the orbit was immediately filled with blood, which threatened a profuse hemorrhage. This was controlled completely, as above stated, with the sponge and bandage, the former having been saturated with a strong solution of sulphate of zinc.

JAMES BRYAN.

Philadelphia, July 8, 1850.

RHEUMATISM, WITH SIGNS OF CARDIAC AFFECTION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you consider the following case, taken from my note-book, of sufficient interest, I shall feel much obliged by your giving it a place in your useful Journal.

Yours, &c.

Boston, July 19, 1850.

CORNELIUS SPAIN, M.D.

Patrick Galvin, aged 36, living in the city of Boston, above the middle size, dark hair, bilio-nervous temperament, by trade a mason, engaged his passage in Liverpool in the Packet Ship "Western Star," for Boston, which sailed on the 8th ultimo. Having the medical charge of that ship, he came under my care. His symptoms were as follows:—Occasionally general pains, muscular as well as in the joints, but particularly in the right knee, which was pale, and painful on pressure, or in the act of walking, which he performed with considerable difficulty and not without the aid of two sticks—it was also very much swollen; countenance of a saffron color, somewhat puffed and shining, at times changing and degenerating into a white, or yellowish-white color; conjunctivæ turgid, and cornea of right eye exhibiting a yellowish-brown appearance, with bright-red streaks converging towards pupil, particularly in the inner canthus. *Region of Chest.*—When viewing it in the recumbent position, it appeared well formed, but preternaturally elevated inferiorly, in flesh, and color natural. On percussion, the lower third of right lung, anteriorly and posteriorly, gives out a dull sound, with, on applying the stethoscope, mixed crepitating and mucous rales; upper two thirds natural, with this exception, that, in the recumbent position, respiration became masked, especially under clavicle, and in a corresponding manner backwards. Left lung, both anteriorly and posteriorly—the lower two thirds, and cardiac region in particular, emitted on percussion dulness abnormal, and well marked with puerile respiration in upper third, and total absence of respiration posteriorly, alternating at intervals to natural on change of position. *Region of Heart.*—On the whole dull. Stethoscopic signs—heart's action strong, or, I should rather say, masked, particularly its apex, accompanied with a gurgling noise with *bruit de soufflet* in centre, with, higher up, and to right side, well-marked *bruit de rape*. *Abdominal Symptoms.*—On retaining still the recumbent position and laying bare the abdomen, the right hypochondriac and epigastric regions appeared somewhat elevated, which upon striking in the usual way elicited a dull pain, particularly in the former region, shooting backwards and towards edge of liver, which was felt somewhat lower down than natural, rather behind and below the stomach, and running backwards. On making rather hard pressure, considerable pain was caused in lumbar region. No present pain, or other remarkable symptom. The patient feels little or no pain in upper extremities, other than noticed above, but does in lower, particularly in right knee, which, in addition to the symptoms already enumerated, is quite stiff, and in the act of walking he can with difficulty raise it. When up for some time, the legs and feet swell, and pit on pressure. Has considerable thirst, and drinks large

quantities ; urine abundant and straw-colored, but occasionally exhibiting a reddish brown color, and quickly depositing a brick-dust sediment. He spends the nights restless and watchful. Tongue white, and coated a yellowish brown in centre and far back, with papillæ elevated. Pulse of right wrist scarcely, if at all, felt in any change of position ; not so, however, the left, which is ever varying, sometimes down to the natural standard, soft and compressible, at others up to 100 and more hard, bounding and intermittent.

In the patient's earlier days, he went to sea in several short voyages—working hard, but living temperately all the while. He was in the State of Illinois about six years ago, and had fever and ague there, which he said were caused by drinking the bad water of that region. He dates, however, the first break-down of his health from that period, combined with the scorching suns of the West India Islands, some of which he visited. But to come nearer to the point ; he states, that about three years ago, while working at his trade, in an elevated situation, he was suddenly seized with severe pain in right hip, for which he was *dry-cupped*, and had some medicine, and shortly after the rheumatic pains, &c., set in. He was for several weeks in a hospital, and took considerable quantities of medicine, and hot baths, with marked benefit for the time being ; but on any exposure his symptoms were sure to return. He took hydriodate of potass, and morphine in large quantities, and availed himself of the "cold-water" cure, with very uncertain results. In fact, he left nothing undone to undo himself.

His case is interesting in several points of view ; the rheumatism, always apparent to the senses, painful especially at night, and shifting from one limb to another, true to the identity of the structure always the point of attack, has not left the pericardium untouched. Why this gurgling noise ? Why this *bruit de soufflet*, indicating, there can be little doubt, the presence of fluid in the pericardium. He states he was not bled, either generally or locally, for this attack. He never took mercury, at least his mouth was not made sore, but he was dry [?] cupped. Now this man says he was a strong man at the time of the attack, for he even still preserves the outward conformation of being so at one time. Why, then, eschew venesection and mercury ; for even though something should forbid their use—and I don't see what could do so—would they not be most excellent, nay, I will add, indispensable remedies to combat other symptoms, steady but long persistent ; for on looking above we shall see the state of countenance, swelled feet, and preternatural fullness in region of the liver ; even the spleen, what of it ? and not a grain of mercury he took. He might have taken quinine in large or small doses, but this does not appear. Further, look at the lungs, and the state they present—engorged, indicating, no doubt, the presence of a fluid, which if the hydriodate of potass had a tendency to lessen, it could not get a fair trial from its acting too much on the bowels. In the early part of the voyage he did not do well—he brought with him a small vial of morphine (which was to prove the most essential item in the category of the patient's supplies). Of this powerful, but must useful medicine, he took from five to seven grains daily ; but through some mis-

hap or other this little bottle was broken, and the contents lost, and with it were lost his peace of mind, and of consequence his sleep. Under such a state of things he felt most wretched, and found relief only from large doses of laudanum at bed-time—(I should have remarked that he was in the habit of taking the morphine for a long time); but thinking unfavorably enough of the rheumatism, I entertained a much worse opinion of his system being so completely narcotized, causing by far a worse state of things, than his most urgent symptoms at any time indicated. I gradually, but with much difficulty, drew him off from the use of opium in any shape, substituting for it a solution of camphor, with alternately small doses of submur. hydr., with marked benefit, being able to go with only one stick, and at times without even this one. I have no doubt but this man's symptoms will improve with his general health, if he lives with more caution and shuns the use of opium.

Before parting with this case, and though having little faith in the "water-cure," resorted to in numberless instances where it ought not to be, I would have no objection to the patient's having recourse to it *secundem artem*, and in its plenitude of collateral advantages, to wit—a proper regimen, good air, change of scene, an utter disregard of opium or other stimulants. This line of treatment, under the eye of a skilful physician, cannot fail, in my opinion, to palliate his symptoms if not completely remove them.

CASE OF TETANUS.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case deeply interested me, and it may possess some interest for others who are accustomed to resort to your pages for entertainment and instruction.

Phebe E., a fine girl, 7 years of age, of nervo-sanguineous temperament, whose previous health had been remarkably good, while walking or running, on the 27th ult., upon the ground, with bare feet, during school intermission at noon, stepped upon something which penetrated the sole of, I think, the left foot, near its centre. She did not think the wound deep, or that anything was left in it, as nothing could be felt or seen; but it gave her so much inconvenience that she was obliged to be carried home. Some swelling and lameness followed, which soon abated under sundry domestic appliances, but it always remained tender, as evinced by pressure over the injured part. When she arose on the morning of the 4th inst., just one week from the time of the accident, she complained of soreness and stiffness about the throat and jaws. She grew gradually worse until the evening of the 5th, when the parents, becoming alarmed, sent for me. I found the whole muscular system of voluntary motion quite rigid, with occasional severe spasms, drawing the two extremities of the body strongly backward and to the right, complicating opisthotonos with pleurothotonos. During the intervals of the spasms, she was able to open the mouth, which in the spasms was firmly closed, and swallow her drinks, which she eagerly inquired

for. In short, I found a well-developed case of tetanus. The case terminated in death on the 6th, about 3 o'clock, P. M., being the third day of the disease. The mode of dying was by apnoea, emphatically so.

Treatment.—A ragged spiculum of bone, appearing to have been broken off from a beef or other large bone, near three quarters of an inch in length, was extracted from deep in the foot which had been wounded, by cutting down upon it. Afterwards anodyne fomentations were assiduously applied. Bleeding from the arm was practised. The bowels were moved by means of terebinthinated medicines per mouth and rectum. The warm bath, and opiates in large and frequently-repeated doses, were also used. The anæsthetics were thought of, but objected to by the friends. It was noticed that, though the symptoms seemed to say bleed, yet the blood was neither buffed nor cupped.

Taunton, July 12th, 1850.

C. HOWE, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 24, 1850.

The Medical Faculty of Harvard University—Medical Education—Our last Journal contained a very important paper from the Medical Faculty of Harvard University, in which were set forth their views of the several branches of medical science, together with the best methods of teaching them. The paper commends itself to the whole profession, as all are interested in the matter. The idea which has been advanced by some, that "a scheme of scientific instruction should embrace the whole science and no part should be omitted," and that "a well-digested plan of lectures embraces all that is to be known and taught," really seems to us absurd and preposterous. We should like to see the formula for preparing lectures that will give the student "all that is to be known and taught." The proper method of medical teaching, is the one which will best elucidate the subject to be studied, and in which speculative theories and needless technicalities are entirely omitted. As regards Anatomy, Surgery and Chemistry, the student has a good chance of being familiar with them, and by the aid of suitable demonstrations can acquire a knowledge sufficient for his start in practice. In Obstetrics, it is too often the case that he is taught to believe that many obstacles present themselves, and as to that which should be considered a natural process, he is almost in doubt whether it is so or a very unnatural one. In *Materia Medica* and Therapeutics, the student has much in the lectures which are really valuable; yet he finds himself generally the most deficient in this branch of his studies at his examination. In the Institutes of Medicine, he has difficulties to encounter. Owing to the diversity of opinions respecting Pathology, and the peculiar styles of the various lecturers upon that subject, at the end of the term he is often quite as uninformed upon the matter, as when he listened to the introductory. Clinical instruction is invaluable, and can be made as interesting as it is instructive to the student. In this department it is believed that advantages do not exist in any other school in the United States, superior to those in the

school connected with Harvard University. It is the endeavor of the professors to make the lectures as practical as possible, and in every other way to advance the student in medical knowledge. Their views on these matters, as well as on the advantages of limiting the course of public lectures to four months in each year, are worthy the consideration of the members of the American Medical Association, to whom they are submitted. They are sufficient to establish for the professors a reputation as sound teachers, without other evidence.

St. Louis Medical College.—A pamphlet, containing the announcement of the annual lectures in the Medical Department of the University of St. Louis, has been received. If perseverance and energy, on the part of the faculty, in their endeavors to render their school attractive to the students, are of any avail, we think they will have a large class at the coming session. St. Louis possesses many advantages for medical students intending to practise in the South and West. From the wood-cut on the cover of the circular, it appears that the new College is finished, and it certainly presents as goodly an appearance as any one could desire. The professors are gentlemen every way qualified to fill the honorable positions which they occupy. Under such favorable auspices, they cannot fail of making their school attractive to young men about embarking in medical science.

The Medical and Clerical Professions.—In a preamble to a set of resolutions offered at a meeting of the State Medical Association in South Carolina, is found the following:—"Whereas, it has been the custom of physicians to extend to clergymen the courtesy of their services gratuitously, in consideration of the respect justly due their sacred office, but, in consequence of the deplorable fact that numerous clergymen have become the advocates of quackery and imposture, by recommending secret medicines and preparations publicly in the newspapers, and more frequently privately to their parishioners, thus using their extensive influence against the true interests of science and the advancement of the medical sciences more particularly, it becomes the duty of physicians to discriminate between those who are or are not the friends of quackery; it is therefore resolved," &c.

Proceedings of the South Carolina Medical Association.—The transactions of this society, together with the able address of Dr. John P. Barratt, have been received. It is exceedingly gratifying to have such evidence of the prosperous condition of the society, as is shown in their published proceedings. There is nothing like an organization; the best of success is sure to attend where harmonious action prevails. We are sorry that our space will not admit of a detailed notice of Dr. Barratt's excellent address before the fellows of the society, "on the diversity of the human race." Suffice it to say, it is such an effusion as might be expected from one who possessed a large fund of historical knowledge.

American Association for the Advancement of Science.—The next meeting of this Association will be held in New Haven, Ct., commencing on Monday, August 19th, 1850, at 2½ P. M., and will continue through the week. A member of the local committee will be in attendance at the Gen-

tlemen's Room in the Railroad Depot, to give to the members, who may choose to meet him there, such information as they may need respecting board and lodgings during their stay. The general sessions will be held in the College Chapel; the section meetings, in the lecture rooms of the cabinet building.

Resignation of Prof. Mott.—It is understood that Dr. Valentine Mott, the distinguished surgeon, and professor of surgery in the University of New York, has tendered to the proper officers his resignation. The cause which led him to take this step, was the appointment of Dr. Detmold to the chair of Theory and Practice. Dr. Mott, it appears, was in Europe at the time, and transmitted his resignation, conditioned upon the continuance of the appointment of Dr. Detmold; whereupon Dr. Detmold promptly resigned the chair to which he had been appointed, and it is understood *both* resignations have been accepted.

Demonstrative Midwifery.—Dr. H. N. Loomis, who was indicted by the grand jury in Buffalo, in April last, for a libellous article published in the Buffalo Daily Courier, which reflected in strong terms upon Dr. White, Professor of Obstetrics in the Buffalo Medical School, has just been tried before the Court of Oyer and Terminer, and acquitted. It will be recollected there was some considerable excitement created, particularly in Buffalo, relative to what was considered an innovation in the teachings of medical schools, by the professor using the living subject to illustrate a case of natural labor before the graduating class, mention of which was made in the Journal at the time. Dr. Loomis was one of the physicians who disapproved the act and wrote against it; but it seems his language was not considered libellous by the jury.

Horrid Cruelty to Paupers in the Castlebar Almshouse in Ireland.—From the Physician's report, some painful disclosures have been made relative to the treatment of the paupers in the Castlebar Work-house in Ireland. The following is one entry in the report:—"April 11th, Thursday night, 9 o'clock, probationary ward No. 2, bath-room. Both doors and hinged portion of window closed; ward measures 22 by 14 feet; but a bath and boiler without lid, diffusing its steam through the room, together with the respiration of its overcrowded inmates (136 persons) and the exhalation from their compressed and ragged bodies, rendered the air of the apartment offensive, sickening and oppressive. Children screaming for drink—women stated they had to give some of the warm water out of the boiler to allay their thirst; six of them were infants on the breast. No beds, no straw, no bed clothes, nor water for drinking, in the ward; no water in the pipes."

There are other details still worse; but the ex officio guardians succeeded in preventing the document from being placed on the minutes, and reduced the salary of the physician nearly one half. A model and humane government, truly! Such procedures are more befitting a barbarous people; and we hope that if the report was suppressed, it may find its way back to her majesty and government, that measures may be adopted to prevent the recurrence of such inhuman practices.

Professor Webster.—The fate of this unhappy man has been decided upon by the Governor and Executive Council. Notwithstanding the most strenuous efforts have been made to spare him and his family the ignominy of a public execution, by having his sentence commuted to imprisonment, yet the executive and his council found they could not consistently reverse the decision of the Court; and in this conclusion they are very generally sustained by the people of our City and State. The majesty of the law is to be respected, and for the common weal all must suffer who infringe its statutes. Friday, the 30th of August, is the day appointed for the execution. The following are the concluding remarks of Gov. Briggs, on making his decision upon the case:—

"It is undisputed, that on the 23d day of November, 1849, John White Webster, a professor in Harvard University, and in the Medical College in Boston, did at mid-day in his room, in that college, within a few feet of the place where he daily stood and delivered scientific lectures to a large class of young men, with unlawful violence take the life of Dr. George Parkman, a respectable citizen of Boston, who had come to that room at the repeated requests of the said prisoner; and that after taking his life, he eviscerated, and in a manner most shocking to humanity, mutilated the body of his victim, burning parts of it in a furnace, and depositing other parts of it in different places in the building, where they were found by persons who were seeking after Dr. Parkman; that after killing him, he robbed his lifeless creditor, by taking from him two notes of hand, signed by himself, to which he had no right, and committed still another crime, by making false marks upon those notes; and that a jury of his country, empanelled according to law, under the direction of four of the five eminent Judges constituting the Supreme Court of Massachusetts, after a long, patient, and impartial trial, and after hearing in his defence the arguments of learned and eloquent counsel, upon their oaths, found him guilty of murder.

"Upon that verdict, the Court pronounced the awful sentence of death. In such a case there should be obvious and conclusive reasons to authorize the pardoning power to interpose and arrest the sword of Justice. I do not see these reasons. The combined circumstances of the case force me to the conclusion, that the safety of the community, the inviolability of law, and the principle of impartial justice, demand execution of the sentence.

"I hope it is not necessary for me to say that it would have given me unspeakable pleasure to come to a different result, and that I would do anything on earth in my power, short of violating duty, to alleviate the sufferings of a crushed and broken-hearted family.

It is understood that Prof. Webster first learned of this important decision in his case, by reading it in an evening paper of the day in which it was made known. He was not much affected by it, as he had been in a measure prepared by intimations that there was little hope of executive interference in his behalf. He had previously made known his wish, if his sentence was to be carried into execution, that an early day might be fixed upon; also, that his family might be left in ignorance of the day till it was past, which has thus far been done.

Prize Essay on Nostrums.—The committee of the New York State Medical Society, on prize dissertations, reported at its last session the reception of one essay on the subject for which the prize was offered last

year. This being not in accordance with the spirit and requirements of the resolution under which it was offered, they recommended the passage of the following resolution, which was adopted:—

Resolved, That a prize of \$20 be offered for the best essay "on the pernicious influences of nostrums and secret remedies on the health and morals of the community." Said essay to consist of not less than 16 pages, or more than 20 of the Transactions, to be adapted for popular, rather than professional instruction. The essays to be transmitted to the secretary of the society, before the 1st of January, 1851.—*N. Y. Med. Journal*.

Progress of Vaccination in Turkey.—Vaccination is now publicly performed in Constantinople and other large towns. Four physicians, German, French and Italian, have been appointed to superintend this duty. At first Christian families only availed themselves of the boon, but eventually the Mussulmans followed their example. There were 2128 individuals vaccinated in Constantinople during the first quarter of 1847.—*Lon. Med. Gazette*.

On the Passage of Hydrogen through Solid Bodies.—M. Loyer states that he has passed hydrogen gas through gold and silver leaf, through double folds of tin leaf, and through thin laminæ of gutta percha obtained from a solution of the latter in chloroform. The same author, however, adds that he has not been able to effect its transmission through the thinnest plate of glass.—*Ibid*.

Medical Miscellany.—Dr. Macrae, of Howrah, in India, has administered oxygen gas to cholera patients, who immediately fell into a sleep from which they awoke much refreshed, and completely restored to health, with the exception of weakness.—A patient was admitted to the Charity Hospital, in New Orleans, who had, the night previous, melted lead poured into one of his ears while he was asleep.—A man recently died in New Jersey, whose weight was 675 pounds.—Dr. Philip Tydiman, an aged and respectable citizen of South Carolina, died at Aberdeen, Scotland, on the 11th ult.—Liebig, the distinguished chemist, is about to visit the United States, and contemplates giving a series of lectures in the various cities. He will be warmly welcomed in Boston.—The deaths of children in Philadelphia, week before last, are reported as 200. The number in Boston the same week, under five years, was 22.

TO CORRESPONDENTS.—Dr. Allen's case of Carious Absorption, and a paper on Hydropathy by "Consistency," have been received.

DIED.—In Worcester, Dr. Thomas Drew, formerly of Plymouth, aged 65.—In Sacramento City Cal., Dr. E. D. G. Bumstead, for many years resident of Havana, Cuba, and son of Dea Josiah Bumstead, of Boston, 40.—In Lowndes county, Miss., Dr. Dabney Lipscomb, President of the Senate of that State.

Deaths in Boston—for the week ending Saturday noon, July 20th, 60.—Male, 29—female, 31. Abscess, 1—accidental, 2—apoplexy, 2—bowels, disease of, 3—diseases of the brain, 1—burn, 1—consumption, 7—convulsions, 4—croup, 1—dysentery, 6—dropsy, 1—dropsy of brain, 1—drowned, 1—scarlet fever, 2—lung fever, 3—hooping cough, 1—heart, disease of, 2—intemperance, 1—infantile diseases, 5—lungs, inflammation of, 2—measles, 2—palsy, 1—smallpox, 7—strangulation of intestine, 1—teething, 1.

Under 5 years, 30—between 5 and 20 years, 6—between 20 and 40 years, 17—between 40 and 60 years, 5—over 60 years, 2. Americans, 25; foreigners and children of foreigners, 35.

Deaths for week ending July 20, 1849—119, of which only 13 were reported cholera.

Determination of the Quality of Opium. By M GULLERMOND.—The process for determining the amount of morphia in opium is simple and easy of execution. A sample of about 15 parts (the author takes 15 gram., equal to half an ounce), is to be selected from different portions of the mass of opium under trial. This is to be rubbed in a mortar with 60 parts (by weight) of alcohol at 70 degrees (density .890), thrown upon a cloth, and expressed to separate the tincture. The residue is again treated with 40 parts of alcohol of the same strength, and the united tinctures are to be received in a wide-mouthed bottle, containing 60 parts, by weight, of ammonia (density .923, we presume, according to the French codex). In twelve hours the result is obtained; the morphia is separated, but accompanied by a greater or less amount of narcotine, the morphia lining the sides of the bottle under the form of colored crystals, rather large and rough to the touch; the narcotine being found in small pearly crystals, white, and very light. The crystals are to be collected on a cloth, and washed several times with water, to separate the meconate of ammonia which adheres to them. They are then to be thrown into a small cup full of water. The narcotine, which is very light, remains suspended in the liquid, and can be readily separated by decantation from the morphia, which, remaining at the bottom, can be collected, dried and weighed. An opium, to be of a good quality, ought to yield in this way from 1.25 to 15.0 of crystallized morphia for 15 of opium; some samples yield 1.75.

This process, which succeeds perfectly well with opiums of good and middling quality, does not succeed with opiums which are poor in morphia or very resinous; but the fact of their not giving results, shows that they are of inferior quality, and ought to be rejected.—*Bulletin de Thérapeutique*, Feb. 15, 1850.

Illinois State Medical Society.—Agreeably to notice calling a State Convention for the purpose, physicians from different parts of the State met at Springfield on the 4th of June, 1850, and organized a State Medical Society, by adopting a Constitution and a Code of Ethics, on the model of those of the American Medical Association.

The officers elected for the ensuing year are as follows:—Dr. Wm. B. Herrick, of Chicago, *Pres't*; Drs. Rodolphus Rouse, of Peoria, and A. G. Henry, of Springfield, *Vice-Presidents*; Drs. Edwin G. Meek, of Chicago, and S. A. Paddock, of Princeton, *Secretaries*; Dr. J. A. Halderman, of Carlinville, *Treasurer*.

Drs. Boal, of Lacon, A. E. Ames, of Roscoe, and McNeil, of Peoria, were appointed a committee to draft a memorial to the State Legislature, asking a law providing for the registration of births, deaths and marriages, and to circulate it among the people for signature, to be presented at the next session. A resolution was passed, directing members to discountenance the sale of secret and patent nostrums, on the part of druggists, and to patronize, as far as practicable, those only who abstain from it. The organization of local medical societies was recommended, and they invited to send delegates to the meetings of the State Society. The Committee on Practical Medicine were requested to procure the keeping of meteorological records in as many places throughout the State as circumstances will admit. Dr. Roe, of Jacksonville, was appointed to deliver a public address at the next meeting of the Society, with Dr. Davis, of Chicago, as alternate.—*North-Western Med. and Surg. Journal*.